POSITION	INITIALS	ID NO.	DATE
	HS		10/17/00
FEE DETERMINATION		15 1025 00	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*HS*	901	11/16/00
RESPONSE FORMALITY REVIEW			3-27-01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	11/16/00	8/2/01	Date						
1	1	✔	=							
2	2	✔	=							
3	3	✔	=							
4	4	✔	=							
5	5	✔	=							
6	6	✔	=							
7	7	✔	=							
8	8		=							
9	9	✔	=							
10	10	✔	=							
11	11	✔	=							
12	12	✔	=							
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22	22	=	=							
24	23	✔	=							
23	24	✔	=							
25	25	✔	=							
26	26	✔	=							
27	27	✔	=							
28	28	✔	=							
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30	30	✔	=							
31	31	✔	=							
42	32	✔	=							
33	33	✔	=							
34	34	✔	=							
35	35	✔	=							
36	36	O	=							
37	37	O	=							
38	38	✔	=							
39	39	✔	=							
40	40	✔	=							
41	41	✔	=							
42	42	✔	=							
43	43	✔	=							
44	44	✔	=							
45	45	✔	=							
46	46	✔	=							
47	47	✔	=							
48	48	✔	=							
49	49	✔	=							
50	50	✔	=							

Claim Final	Original	8/2/01	Date						
51	51	✔	=						
52	52	O	=						
53	53	O	=						
54	54	O	=						
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Claim Final	Original	Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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